I hereby authorize       , hereinafter called Company, to initiate debit entries to my:  Personal  Business (select one)  Checking  Savings (select one) Account indicated below at the depository financial institution named below, hereafter called Depository, and to debit the same to such account.

Additionally, I hereby authorize Company to initiate credit entries to my account and the Depository to credit the same to such account, in the case where the incorrect amount has been debited to such account in error.

This authority is to remain in full effect until Company or Depository has received written notification of its termination in such time and manner as to afford Company or Depository       days to act on the termination request.

|  |  |  |  |
| --- | --- | --- | --- |
| Depository Name | | Address | |
| City | State | | Zip |

Depository’s Transit Routing Number



Account Number Information



|  |  |
| --- | --- |
| Name | |
| Signed | Date |